

June 30, 1999

## **AUTHORITY FOR MENTAL HEALTH PROGRAM CHANGES**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive describes recent changes in the decision-making authority for behavioral and mental health programs in VHA.

### **2. BACKGROUND**

a. VHA's mental health programs are a benchmark for the nation for the treatment of conditions such as severe and chronic mental illness, post-traumatic stress disorder (PTSD), addiction disorders, and the treatment of dual diagnoses, among other areas.

b. As the VHA continues to transform its operations, there is a need to clarify and redefine the role of VHA Headquarters in overseeing operational and/or programmatic changes in behavioral health programs.

### **3. POLICY**

a. Any change to a mental health service or program, including substance abuse treatment programs, proposed by a field unit shall require approval from the Office of the Under Secretary for Health. This shall include changes in mission, staffing or bed levels.

b. The purpose of requiring VHA Headquarters review and approval of proposed changes is not to prevent needed changes from being made, but it is, instead, to ensure that the Department of Veterans Affairs (VA) maintains its national system of mental health care and to ensure that short-term financial exigencies do not result in vulnerable patients "falling through the cracks".

c. Routine day-to-day operational issues do not require approval by the Office of the Under Secretary for Health.

d. Mental health services include programs for the severely, chronically mentally ill, PTSD, substance abuse and dual-diagnosis (i.e., substance abuse and another mental disorder), Healthcare for Homeless Veterans, and Psychosocial Rehabilitation programs (including Incentive Therapy and Compensated Work Therapy).

e. The establishment of VHA specialized mental health programs has been accompanied by national program evaluations, which provide program-specific information about the effectiveness and efficiency of the specialized programs. Information from these national evaluations provides guidance to field-based managers on strategies to improve local program performance. All specialized behavioral and mental health programs are expected to be enrolled in, and fully participating in, the appropriate national program evaluations.

f. Proposals for change in mission, staffing, or bed levels shall be submitted with a detailed plan which addresses, at a minimum, how the change fits into the Veterans Integrated Services Network (VISN) strategic plan in the current and upcoming fiscal years in terms of:

- (1) Local mental health clinician and stakeholder involvement in the proposed change:

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- (2) Expected impact on the numbers of veterans treated;
  - (3) The capacity and infrastructure, both in place and planned, for management or rehabilitation of veterans with problems of substance abuse, PTSD, and psychoses both as inpatients and as outpatients in the community;
  - (4) Adherence to VHA relevant practice guidelines;
  - (5) Methods that will be used to monitor the impact on the affected population, including use of standard national data from the national mental health program performance monitoring system and special program reports; and
  - (6) Measures to assure continuation of high quality care to affected patients.
- g. In the case of proposed bed closures, proposals shall include, as appropriate to the affected program, the specific plans for assuring:
- (1) The availability of intensive case management services and community-based services;
  - (2) Increased access to outpatient follow-up care;
  - (3) Uniform access to appropriate anti-psychotic or substance abuse therapies, including medications and psychotherapy;
  - (4) Ready access to crisis management support comparable to that available to patients with other conditions or healthcare needs; and;
  - (5) Continuity of care.

**NOTE:** *The proposal should also include the plans or mechanisms to determine and monitor the patient-specific impacts on any patients with continuous lengths of stay of over 30 days or cumulative lengths of stay in any given 12-month period of more than 90 days.*

## 4. ACTION

- a. Changes that are proposed by facilities shall be forwarded to the relevant VISN offices for review and approval. Depending on the specific catchment area, this may involve more than one VISN office.
- b. Proposals forwarded to VHA Headquarters by the VISN offices shall be developed in specific consultation with the Chief Consultant, Mental Health Strategic Healthcare Group and then submitted to the Chief Network Officer. The Chief Network Officer shall obtain review and comment from the Chief Officer, Patient Care Services, and then advance the proposal(s) within the Office of the Under Secretary for Health for decision. Every effort will be made to reach consensus between relevant entities prior to the forwarding of recommendations to the Under

Secretary for Health. Areas where consensus has not been achieved will be specifically noted and discussed.

c. VHA Headquarters will process these field-based requests in less than 30 days, assuming information provided to address the relevant issues in paragraph 3 is complete.

d. Network strategic plans shall include, as a matter of routine, specific plans related to how it will assure a full continuum of accessible inpatient, outpatient and community-based services, including care and quality management, and performance expectations for behavioral and mental health services (as defined in subpar. 3f).

**5. REFERENCES:** None.

**6. FOLLOW-UP RESPONSIBILITY:** The Office of the Under Secretary for Health is responsible for the contents of this Directive. Questions may be referred to the Chief Consultant, Mental Health and Behavioral Sciences Strategic Healthcare Group at 202-273-8434.

**7. RESCISSION:** This VHA Directive expires on June 30, 2004.

Kenneth W. Kizer, M.D., M.P.H.  
Under Secretary for Health

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